

L21000090059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

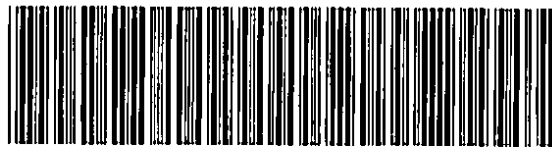
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 15 PM 1:18

cc
RA/RO/chs

JUL 20 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You Move Your World, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vicki Sokohl

Name of Person

You Move Your World, LLC

Firm/Company

2900 W. Julie Street #704

Address

Tampa FL 33609

City/State and Zip Code

You Move Your World, LLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Sokohl

Name of Person

at (813) 760-5472

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



RECEIVED

2021 JUL 15 PM 3:26

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2021

VICKI SOKOLIK
2900 W. JULIA STREET
TAMPA, FL 33629

SUBJECT: YOU MOVE YOUR WORLD LLC
Ref. Number: L21000090059

We have received your document for YOU MOVE YOUR WORLD LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 121A00014588

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: You Move Your World, LLC

2. (a) 2900 W Julia Street # 704, Tampa FL 33609

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2900 W Julia Street

704 Tampa FL 33609

2/23/21

3. Date of filing/registration in Florida

4.

Document number

L210000090059

5. (a) US Corp Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S Semoran Blvd Suite 36

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando FL 32822

FL

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CLERK

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Vicki Sokolik

NEW Registered Office Address:

2900 W. Julia Street # 704

Tampa FL 33609, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Vicki Sokolik
Signature of a member or authorized representative of a member

Vicki Sokolik
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Vicki Sokolik
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00